

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
TAXICAB COMMISSION**

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**OPERATING AUTHORITY APPLICATION - ANNUAL RENEWAL**

AGENCY USE ONLY : Date Received \_\_\_\_\_

Authority No. 04 - \_\_\_\_\_

Receipt No. \_\_\_\_\_

**BUSINESS LICENSE FEE INFORMATION**

**TYPE OF AUTHORITY SOUGHT/FEE (Check one):**

<input type="checkbox"/> Ambulance Company .....	- N/A	<input type="checkbox"/> Business License - N / A
<input type="checkbox"/> Inter-jurisdictional Independent.....	- \$ 100	<input type="checkbox"/> Business License - N / A
<input type="checkbox"/> Inter-jurisdictional Company.....	- \$ 250	<input type="checkbox"/> Business License - N / A
<input type="checkbox"/> Limousine Company.....	- \$ 250 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Limousine Independent.....	- \$ 100 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Taxicab Company.....	- \$ 250 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Sedan Service.....	- \$ 250 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Sedan Independent.....	- \$ 100 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Sightseeing Bus.....	- \$ 250 &	<input type="checkbox"/> Business License - \$100
<input type="checkbox"/> Shuttle Bus/Van Service.....	- \$ 250 &	<input type="checkbox"/> Business License - \$100

**GENERAL INFORMATION**

Applicant \_\_\_\_\_  
(Corporate / Individual Name)

Trading As \_\_\_\_\_  
(For-Hire Business Name)

Street Address **(P.O. Box numbers are prohibited)** \_\_\_\_\_ (Area Code) Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) FAX \_\_\_\_\_

\_\_\_\_\_  
D.C. Tax Identification No.

\_\_\_\_\_  
Federal Tax Identification No.

\_\_\_\_\_  
Internet E-Mail Address

( Provide a copy of the tax letter or coupon for each Tax ID No.)

**BUSINESS STRUCTURE**

(Check only **one** type of business per application):

1. ☐ **Corporation.** State where incorporated: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_  
Submit a Certificate of Good Standing from the D. C. Department of Consumer & Regulatory Affairs for all domestic & foreign corporations.

2. ☐ **Partnership.**

3. ☐ **Sole Proprietorship.**

4. ☐ **Unincorporated Association.**

## D C RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS

Name (applicant or authorized representative)

(Area Code) Telephone (Area Code) FAX

D C Street Address

City

State

Zip Code

Signature

### OPERATIONAL FITNESS EVIDENCE

1. **For non-taxicab owners**, attach a schedule of current customer fees: \_\_\_\_\_.
2. **For taxicab owners**, provide rental fees for drivers, include the following:  
Membership Fee: \_\_\_\_\_  
Dispatch Fee: \_\_\_\_\_  
Insurance Fee: \_\_\_\_\_  
Rental Fee: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_
3. Provide current number of **rental** vehicles (taxicab\limousine\sedan\bus\van) in your fleet. \_\_\_\_\_
4. What is the **total** number of all licensed vehicles (taxicab\limousine\sedan\ambulance\bus\van) in your fleet.\* \_\_\_\_\_  
\*Provide a current list of vehicles, to include DCTC number, fleet name and number, tag number, vehicle identification number, and name of registered owner. ( Insurance Company lists are preferred.)

### APPLICANT'S CERTIFICATION

I, \_\_\_\_\_, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America, that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is/are no proceeding(s), either completed or pending, in which the applicant has been found unfit, had articles of incorporation or business license revoked by this Commission, the District of Columbia Office of Consumer and Regulatory Affairs or any other regulatory body in the District of Columbia or any other jurisdiction or any court of law in the District of Columbia or any other jurisdiction. NOTE: Describe all proceedings whether completed or pending, listing case name and number, regulatory body involved, date case instituted, and date case completed.

I hereby certify the following: (1) that the applicant has access to and is familiar with the requirements of D.C. Law 6-97 and all rules and regulations enacted pursuant thereto; (2) that the applicant will comply with D.C. Law 6-97, Title 31 DCMR, and all Agency orders and requirements.

Applicant's Signature

Title

Date

### The following is to be completed by a Notary Public

City/County of \_\_\_\_\_

District/State of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes that he/she is the individual making the foregoing statements and signing the foregoing application, and that the statements contained in this application are true to the best of his/her own knowledge and belief.

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639.

#### NOTICE OF NON DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401-01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by this Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.